

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

14415

State File No.

FILED APR 26 1955

BIRTH NO. REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Public Street</u>				d. STREET ADDRESS (If rural, give location) <u>122 So. Mulberry</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>Ransom</u>		c. (Last) <u>Thomas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>May 16, 1900</u>		9. AGE (In years last birthday) <u>54</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Birmingham, Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>William R. Thomas</u>			13b. MOTHER'S MAIDEN NAME <u>Mattie Nichols</u>			14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>552-26-0462</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dora Nichols, Dexter, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> ANTECEDENT CAUSES <u>Coronary Arteriosclerosis</u> DUE TO (b) <u>1 year</u> DUE TO (c) <u>2 months</u> II. OTHER SIGNIFICANT CONDITIONS <u>Myocardial Infarction 2 months ago</u> Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 15</u> , 19 <u>55</u> , to <u>April 15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>April 8</u> , 19 <u>55</u> , and that death occurred at <u>4:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert C. Engelhardt</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>4/18/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-17-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stevenson</u>		24d. LOCATION (City, town, or county) (State) <u>R.F.D. #3, Dexter, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-22-55</u>		REGISTRAR'S SIGNATURE <u>Valera V. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Strickland-Rainey Dexter, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

not from family

APR 28 1933

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Lucille Ramsey

Student Embalmer No. *508*

working under my personal supervision.

Student *Lucille Ramsey*
Student Embalmer

Signed _____

[Signature]

Licensed Embalmer No. *3479*

P. O. Address *W. Dept. Md.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.